Periscope.

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The Editor will not accept as ORIGINAL ARTICLES and CLINICAL CASES those that have appeared elsewhere.

Authors are requested to make none but typographical corrections on the proof sent to them. The manuscript must represent the final form in which the article is to be printed.

PATHOLOGICAL.

The Spinal Lesions of Syphilitic Paraplegia. —Dr. J. Sottas (*The Medical Week*, Paris, April 21, 1893). The disease begins in the vessels and leads to anæmia of the cord, a condition which is associated with the appearance of such prodromal symptoms as stiffness of the legs and slight disturbance of the functions of the sphincters. The lesions occur in the arteries and veins and are marked by inflammatory changes, starting either in external or internal coat. The specific character is noticed at this stage. Obliteration of the vessels followed by softening more or less extensive, is then noticed and the parts of the cord thus cut off from circulation undergo degeneration *in situ*.

The stage of inflammation succeeds, and the obliterated vessels become rapidly replaced by the dilated vaso-vasorum; proliferation of connective tissue and neuroglia replaces spinal substance and sclerosis is established. Specific treatment is only available in the earliest stage. No hope for cure follows softening. Softening is not followed by marked loss of substance as in the brain for the reason that extensive softening of the cord produces death. The circulation in the cord differs from that in the brain, in that the cord has no terminal arteries. The softened parts do, after a time, seem to regain their circulation, but this is due to the newly formed and dilated capillaries around the obliterated vessels. (Sottas was the first to describe this compensation). Other diseases than syphilis, notably tuberculosis, may produce similar spinal lesions. Many cases described as acute diffuse central myelitis, are undoubtedly cases of spinal softening. The symptoms are those of persistent chronic spastic paraplegia. F. P. N.

The Cerebellar Cortex of the Dog.—Henry J. Berkley (John Hopkins' Hospital Reports, Nos. 4, 5, 6, 1893).

The object of the investigation was to determine if the careful use of the ordinary methods of hardening and staining would not give a clearer insight into the structure of this most complex organ, than has been previously obtained, and though just published, the work antedates most of the results obtained by the silver method of Golgi.

The agents used for fixation purposes were chiefly Flemming's solution, Müller's fluid, and absolute alcohol; with safranin, carbolic fuchsin, Nissl's magenta, and various modifications of the Weigert hematoxylin methods for staining agents. Medullated fibres—in the central core of the leaflets, three varieties of medullated fibres are distinguished: (1) a series of apparently unbranched, non-varicose, straight medullated tubes, passing directly from the sides and apex of the core into the innermost pole of the Purkinje cell bodies; (2) a series of fibres passing from the core to the nighborhood of the eosin-cells of Dennissenko, which branch indefinitely between the groups of granule cells of the middle layer, forming an open network of anastomosing fibres with a complicated arrangement; (3) a class of fibres that after passing from the core through the entire granule zone, terminate upon the nerve cells situated in the inner third of the barren zone.

Around the capsule of the Purkinje cells is wrapt a network of fine medullated fibres, that are partly derived